

NOTICE OF INTENT

Department of Civil Service
Board of Ethics for Elected Officials

Lobbyist Required Registration and Reporting

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., notice is hereby given that the Department of Civil Service, Board of Ethics for Elected Officials, intends to adopt forms, as required by R.S. 24:53G, which enable lobbyists to register and file required semi-annual expenditure reports.

No preamble to the proposed forms has been prepared.

Form 1

1. NAME _____

Last
First
MI

2. BUSINESS ADDRESS _____

Street and Number

City
State
Zip

3. BUSINESS PHONE _____

LOBBYING EXPENDITURE REPORT

Instructions

- Print in ink or type.
- Fill in Registration Number in spaces provided.
- Complete form, have it notarized and return to the Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809 (504) 922-1400
- **This form must be delivered or postmarked by the due date.**
- This form may be faxed to (504) 922-1414. **The original should be forwarded on the day of fax transmittal.**

☐

**Lobbyist's
Registration
Number**

**FOR
OFFICE
USE ONLY**

Date: _____

Postmark

Number

4. Total of all expenditures made during this reporting period: \$ _____

5. Total of all expenditures made during the calendar year: \$ _____

6. Did you make an expenditure exceeding \$50 on one occasion for any one legislator during the calendar year?

Yes ☐ No ☐

If the answer to Number 6 above is YES, please provide the name of each legislator for whom you made an expenditure of \$50 or more on one occasion and the total amount of expenditures for each named legislator on Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for any one legislator:

From January 1 through June 30 Yes ☐ No ☐

From July 1 through December 31 Yes ☐ No ☐

If the answer to either question in Number 7 above is YES, please provide the name of each legislator for whom you made aggregate expenditures exceeding of \$250 or more in a reporting period and the total amount of expenditures for each legislator on Schedule A and attach.

8. Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing

Area Code and Telephone

committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period?

No ☐ Yes ☐

If the answer to Number 8 above is YES, please provide the name(s) of the group(s) invited, the date and location of the reception, social gathering or other function, and a statement of the total expenditures for each event on Schedule B and attach.

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Sworn to and subscribed before me on this _____ day of _____, 19____

Signature of Lobbyist

Notary Public

SCHEDULE A: EXPENDITURES FOR LEGISLATORS

The following information must be provided for all legislators for whom you made an expenditure exceeding \$50 on one occasion and all legislators for whom you made aggregate expenditures exceeding \$250 in a reporting period. This schedule should only be completed if you answered YES to questions 6 or 7 on the Lobbying Expenditure Report.

1.	LEGISLATOR'S NAME	2.	AMOUNT OF EXPENDITURES THIS REPORTING PERIOD	3.	TOTAL EXPENDITURES THIS CALENDAR YEAR

SCHEDULE B: EXPENDITURES FOR RECEPTIONS, ETC.

The following information must be provided for all receptions, social gatherings, or other functions to which the entire legislature, either house, any standing committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus or any delegation thereof was invited. This Schedule should only be completed if you answered YES to question 8 on the Lobbying Expenditure Report.

1.	NAME(S) OF GROUP	2.	DATE OF	3.	LOCATION OF RECEPTION	4.	TOTAL EXPENDITURES

Form 2

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY
Postmark
Date: _____

Lobbyist's
Registration
Number _____

Instructions

Print in ink or type. Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31. Complete employer verification form(s) for each employer and each person you represent as listed below.

1. NAME _____

First Last MI
2. BUSINESS PHONE _____

Area Code and Phone Number
3. BUSINESS ADDRESS _____

Street and No.
4. EMPLOYER _____

City State Zip
5. EMPLOYER'S ADDRESS _____

City State Zip Street and No.

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
5. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist
Sworn to and subscribed before me on this _____ day of _____, 19____.

Notary Public

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 3

1. NAME _____

First
MI
Last

2. BUSINESS PHONE _____

3. BUSINESS ADDRESS _____

Street and No. State City
Zip

4. EMPLOYER _____

5. EMPLOYER'S ADDRESS _____

6. Street and No. City State Zip
Have you ceased or terminated all lobbying activities requiring registration? Yes _____
No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.

1. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

Form 3A

SUPPLEMENTAL REGISTRATION

FORM

2.

Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

3.

Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____

Lobbyist's
Registration
Number _____

FOR OFFICE
USE ONLY
Postmark
Date: _____

Lobbyist's
Registration
Number _____

☐ Terminated Representation as of _____

State of _____
Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Sworn to and subscribed before me on this _____ day of _____, 19____.

Signature of Lobbyist

Notary Public

Form 4

**LOBBYING REGISTRATION
EMPLOYER
VERIFICATION FORM**

**Lobbyist's
Registration
Number** _____

State of _____

Parish of _____

I hereby verify that _____

Name of registrant
is authorized to represent _____

Instructions

- Print in ink or type.
- Complete form, have it notarized and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017 (504) 922-1400.
- This form must be submitted within 10 days of lobbyist's registration, supplemental registration or renewal registration - **A lobbyist's registration is NOT complete unless this form is submitted for each representation listed on the registration form, supplemental registration form or renewal registration.**

FOR OFFICE USE ONLY

Postmark
Date: _____

Represented
before the Louisiana Legislature for the calendar year 19____.

Name of Employer, Person, Group or Organization

Name of Authorizing Official (Type or print)

Signature of Authorizing Official

Title

Sworn to and subscribed before me on this _____ day of _____, 19____.

Notary Public (Type or print)

Signature of Notary Public

Rev. 6/96

Interested persons may direct their comments to Patricia H. Douglas, Board of Ethics, 8401 United Plaza Boulevard, Suite 200, Baton Rouge, LA 70809-7017, telephone (504)922-1400, until September 10, 1996.

R. Gray Sexton
Executive Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Lobbyists Disclosure Form**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
The only administrative costs incurred by state government will be the costs of developing, copying and mailing the forms which constitute the rule. These costs will be absorbed into the budget of the Ethics Administration Program and filing fees collected from registered lobbyists. There will be an estimated \$350 of postage costs along with an estimated \$500 in staff time and equipment use to develop, copy and mail the forms.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be an estimated \$5,000 for each fiscal year in self-generated funds due to a \$10 filing fee imposed on lobbyist registration. A late fee of \$50 per day will be assessed for late registration. This can result in additional revenue for the state.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
Persons who may be affected by the proposed Lobbyist Disclosure Forms are registered lobbyists and those who wish to become registered lobbyists. A \$10 fee must be submitted with each registration and supplemental registration form. It is impossible for this agency to assign a dollar amount to each person's time required to complete the forms. Timely filing of these forms will prevent automatic fines on the lobbyists.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
No effect.

R. Gray Sexton
H. Gordon Monk
Executive Secretary
9608#057

Legislative Fiscal Office

Chief Coordinator of the